



1

2

(HRCT)

CT (n = 4) (n = 1) 5

( , , , ), ,

3 2 가

( ,

)가 1 ,

-

/ 가

(cryptococcosis)

Cryptococcus neoformans 5 44 - 80 (

60.2 ) 5

, , ,

(1, 2). Sider (3) 4 , 1

CT ,

CT Somatom DHR (Siemens, Germany)

S-CT - 500TE (Shimadzu, Japan)

1.0 mm, 10 mm

5

. lung window level - 600 - 650 HU, window

width 1000 - 1500 HU , medi-

astinal window 300 350 HU . CT

1 - 12

CT (n = 1) (n = 4)

( , ,

1994 1 1997 2 CT (n , ),

= 4) (n = 1) - ,

1

2

3

Cryptococcus neoformans

(patchy) , 가 1

3 , (1, 2). , 가 2

3 , 가

( , )가 1 .

(Fig. 1). 3 1 BOOP (Bronchiolitis obliterans organizing pneumonia) (Fig. 2). 2

1 가

5 - 50 mm 10 - 20 mm 가

. 가 1

10 - 20 가

가

(Fig. 3).

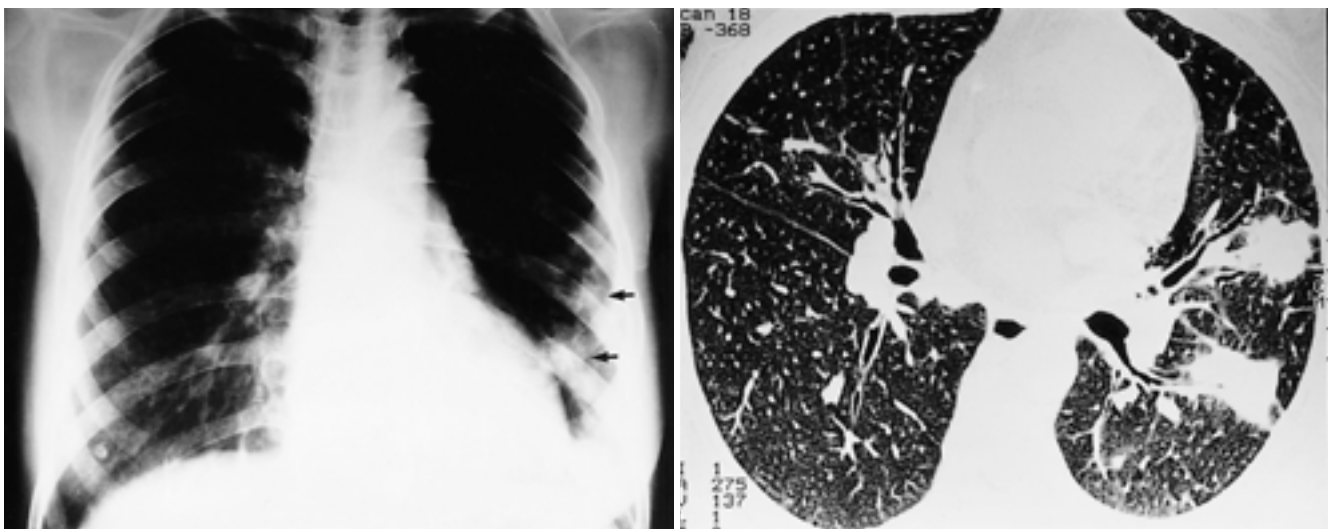
(n = 5) CT (n = 1)

**Table.** HRCT Finding of Pulmonary Cryptococcosis in Immune Competent Patients

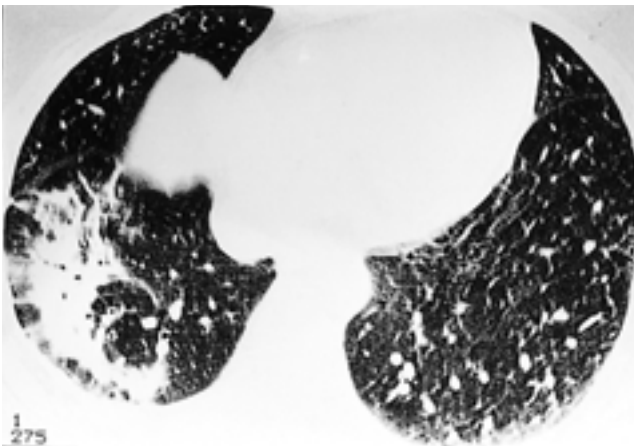
Patients Age/Sex	HRCT Findings			
	Consolidation	Nodule	GGA	Miscellaneous
66/F	(+) peripheral air-bronchogram	(+) ill-defined spiculated	(+)	
56/F	(+) peripheral air-bronchogram	(-)	(+)	
55/F	(-)	(+) well-defined smooth	(-)	
44/F	(-)	(-)	(-)	BVB thick Septal thick Adenopathy
80/F	(+) peripheral air-bronchogram	(+) ill-defined spiculated	(+)	

BVB : Bronchovascular bundles

GGA : Ground-glass attenuation

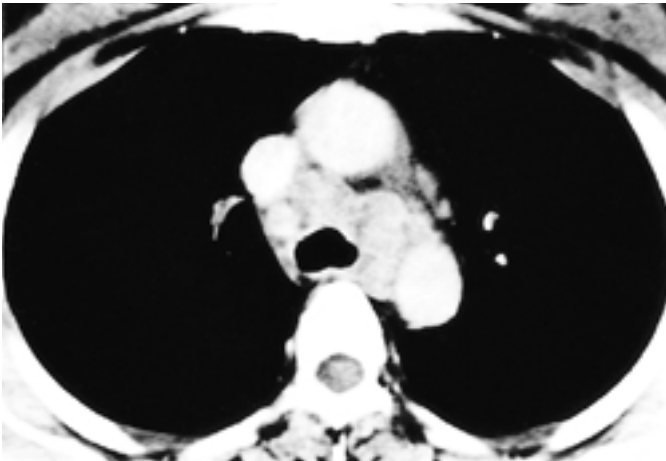


**A**  
**Fig. 1.** A 66-year-old woman who had cough and sputum for 1 month  
**A.** Chest PA radiograph shows several ill-defined nodular opacities with surrounding ground-glass opacity (arrows) in left lower lung.  
**B.** HRCT shows peripheral located ill-defined spiculated nodules in left lingular division and lower lobe superior segment.

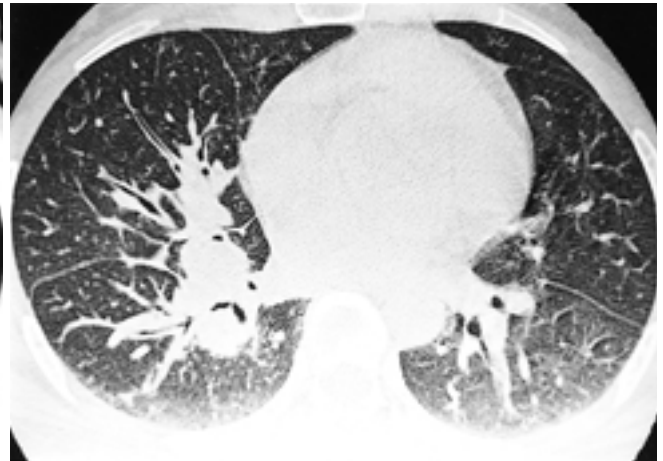


**Fig. 2.** A 56-year-old woman who had cough and sputum for 2 months. HRCT scan shows peripheral air-space consolidation with air-bronchogram in right lower lobe.

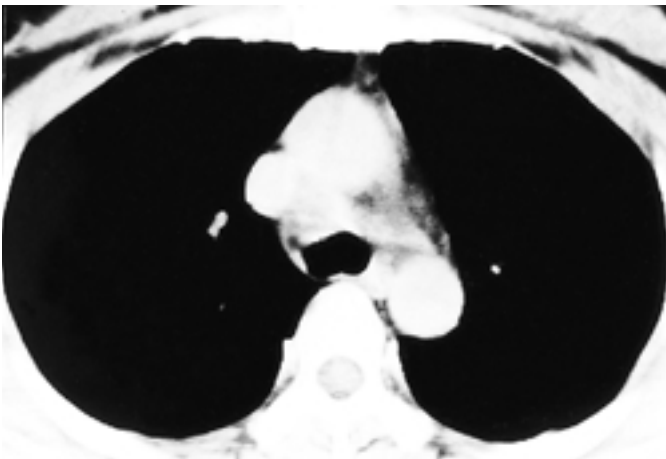
(cell-mediated immunity)  
(4), 2 - 15%  
(AIDS)  
가  
(5).  
(6, 7).  
(4, 7). 가  
가 1/3 2/3  
(6 - 8).



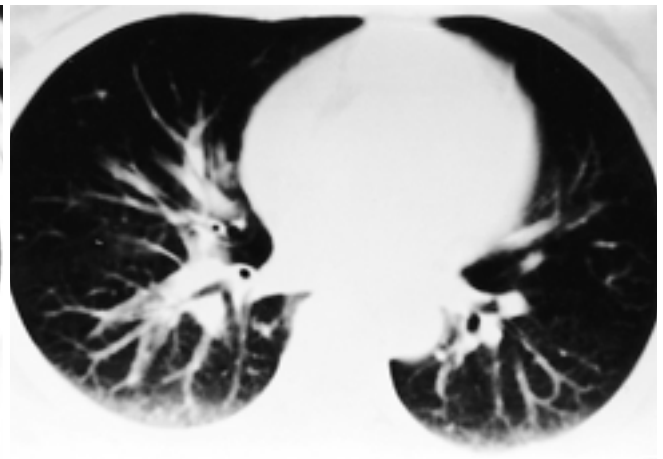
A



B



C



D

**Fig. 3.** A 44-year-old woman who had chest pain for 1 month.

**A.** CT scan shows conglomerated lymphadenopathies in both upper paratracheal area.

**B.** HRCT scan shows diffuse bronchovascular bundle and septal thickening confined to right lung central portion.

**C, D.** Follow-up CT scan after 3 months later shows marked resolution of the previous lymphadenopathies and interstitial thickening.

(4), Khoury (1) 24 (3/5), (1/5)가  
가 (89%)

(60%), (27%) 가 CT 가 Miller (9) 가 (3/5), 가 가

CT (interstitial opacity) 가 (segmental alveolar opacity) 가 (70%), (30%), (10%) (3). (autopsy) Crypto- coccus budding yeast가 alveola septa (3, 10).

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## HRCT Finding of Pulmonary Cryptococcosis in Immune Competent Patients<sup>1</sup>

Chang Yun Lee, M.D., Hong Kim, M.D., Jung Sik Kim, M.D.<sup>2</sup>, Hun Kim, M.D.,  
Sung Ku Woo, M.D., Soo Ji Suh, M.D.

<sup>1</sup>Department of Diagnostic Radiology, Dongsan Medical Center, Keimyung University School of Medicine

<sup>2</sup>Kim Jung Sik Radiological Clinic

**Purpose:** To determine the HRCT finding of pulmonary cryptococcosis in immunocompetent patients.

**Materials and Methods:** The HRCT scans and chest radiographs of five patients with pulmonary cryptococcosis were retrospectively reviewed, the diagnosis being proven by the presence of the organism in histopathologic specimens obtained during CT-guided biopsy (n = 4) or mediastinoscopic biopsy (n = 1). All patients were immunocompetent. HRCT scans and chest radiographs were characterized according to morphology [consolidation, nodule, ground-glass opacity (GGO), interstitial thickening], location, airbronchogram, and the presence or absence of mediastinal or hilar lymphadenopathy.

**Results:** Consolidation was present in three of five patients, and in two of the three, ill-defined, spiculated nodules were also present. One patient had multiple, small, well-defined nodules. One had diffuse interstitial thickening (GGO, nodular thickening of bronchovascular bundles and interlobular septa), with massive mediastinal and right hilar lymphadenopathy. The location of the consolidation and nodules was mainly peripheral, and in three patients with consolidation, the presence of air bronchograms was noted.

**Conclusion:** The HRCT findings of pulmonary cryptococcosis in immunocompetent patients are peripheral consolidation with airbronchogram and/or ill defined nodules.

**Index words :** Cryptococcosis

Lung, CT

Lung, infection

Address reprint requests to : Hong Kim, M.D., Department of Diagnostic Radiology, Dongsan Medical Center,  
Keimyung University School of Medicine, 194 Dongsan-dong, Jung-gu, Taegu 700-712, Korea.  
Tel. 82-53-250-7767 Fax. 82-53-250-7766 E-mail: kh7135@dsmc.or.kr

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